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| Fax: | 703.872.9306 | Pages: | 6 |
| Phone: | 703.308.1202 | Date: | May 6, 2004 |
| Re: | App. Serial No. 10/791,317 | Phone: | 203.461.7035 |

☒ **Urgent** ☒ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:** **FORMAL RESPONSE**

Re: Application Serial No. 10/791,317
Attorney Docket No. 03-019
**Title: "SYSTEM AND METHOD FOR DETERMINING AND
PRESENTING OUTCOMES AT A GAMING DEVICE"**


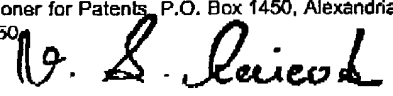
CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being Transmitted
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| | | | |
|---|-------------------------------------|--|---|
| TRANSMITTAL LETTER (General - Patent Pending) | | | Docket No. 03-019 |
| In Re Application Of: JAY S. WALKER et al. | | | |
| Serial No. 10/791,317 | Filing Date March 2, 2004 | Examiner Not Yet Assigned | Group Art Unit Not Yet Assigned |
| Title: SYSTEM AND METHOD FOR DETERMINING AND PRESENTING OUTCOMES AT A GAMING DEVICE | | | |
| <u>TO THE COMMISSIONER FOR PATENTS:</u> | | | |
| Transmitted herewith is: Preliminary Amendment, 3 pp. | | | |
| in the above identified application. | | | |
| <input checked="" type="checkbox"/> No additional fee is required. <input type="checkbox"/> A check in the amount of _____ is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 50-0271 as described below. <div style="margin-left: 40px;"><input type="checkbox"/> Charge the amount of _____ <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional fee required.</div> | | | |
|  _____ <i>Signatory</i> | | Dated: May 6, 2004 | |
| Magdalena M. Fincham Attorney for Applicants PTO Registration No. 46,085 Walker Digital, LLC 203.461.7041/phone 203.461.7300/fax | | <div style="border: 1px solid black; padding: 5px;"><small>I certify that this document and fee is being deposited on May 6, 2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</small>  _____ <i>Signature of Person Mailing Correspondence</i> Veronika S. Leliever _____ <i>Typed or Printed Name of Person Mailing Correspondence</i></div> | |
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P16A/REV01